

ABBREVIATIONS FOR TERMS USED IN THE CASE MANAGEMENT PROGRAM COMPARISON MATRIX

<u>Abbreviation:</u>	<u>Stands for:</u>
ADI:	Alzheimer’s Disease Initiative
ADLs:	Activities of Daily Living
IADLs	Instrumental Activities of Daily Living
CCE:	Community Care for the Elderly
CS:	Contracted Services
HCE:	Home Care for the Elderly
ICP:	Institutional Care Program
LSP:	Local Service Program
NH:	Nursing Home
OAA:	Older Americans Act
QMB:	Qualified Medicare Beneficiary
SLMB:	Special Low-Income Medicare Beneficiary
SSI:	Supplemental Security Income

COMPONENT	PROGRAM				
	ADI	CCE	HCE	LSP and Contracted Services	OAA
ELIGIBILITY	<p><u>TECHNICAL CRITERIA:</u> Diagnosis or suspected diagnosis of a memory disorder which interferes with ADLs and IADLs</p> <p><u>FINANCIAL CRITERIA:</u> None</p>	<p><u>TECHNICAL CRITERIA:</u> •Age: 60 + •Functional Impairment</p> <p><u>FINANCIAL CRITERIA:</u> None</p>	<p><u>TECHNICAL CRITERIA:</u> •Age: 60 + •At risk of NH placement •Living with an adult caregiver who is:</p> <ol style="list-style-type: none"> 1 18 years or older; 2 Willing and able to provide and assist in arranging services; & 3 Willing to qualify as a caregiver. <p><u>FINANCIAL CRITERIA:</u> •Receiving the following benefits:</p> <ol style="list-style-type: none"> 1 SSI; 2 Medicaid; 3 Medicaid Waiver; 4 QMB; or 5 SLMB. <p style="text-align: center;">OR</p> <p>•Determined ICP eligible.</p>	<p>Follow the criteria for CCE or OAA, as specified in the contract agreement.</p>	<p><u>TECHNICAL CRITERIA:</u> •Age: 60 + •Assessed to be functionally impaired for in-home services •Emphasis placed on low-income minorities, older individuals residing in rural areas and individuals with limited English-speaking proficiency</p> <p><u>FINANCIAL CRITERIA:</u> None</p>
ASSESSMENT	Prioritization Assessment Form (701A) and/or Assessment Instrument (701B)	Prioritization Assessment Form (701A) and/or Assessment Instrument (701B)	Prioritization Assessment Form (701A) and/or Assessment Instrument (701B)	Follow the criteria for CCE or OAA, as specified in the contract agreement.	Assessment Instrument (701B-items indicated with "O" or Congregate Meals Assessment (701C)

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Program Service Requirements:

Attachment 2: Case Management Program Comparison

COMPONENT	PROGRAM				
	ADI	CCE	HCE	LSP and Contracted Services	OAA
CARE PLAN	<p>Uniform Care Plan:</p> <ol style="list-style-type: none"> 1 Indicate review date and initial. 2 Review semiannually. 3 List problems. 4 List service(s) and provider(s): <ol style="list-style-type: none"> A DOEA funded; and B Non-DOEA funded. 5 State frequency and duration of services. 6 State needed services and actual services available. 7 Indicate service(s): <ol style="list-style-type: none"> A Begin date; B End date; C Revised problem date; and D Resolved problem date. 8 Include client, caregiver, and case manager signatures. 9 Update at next semiannual visit for changes. 10 List frequency and duration of case management as a service. 	<p>Uniform Care Plan:</p> <ol style="list-style-type: none"> 1 Indicate review date and initial. 2 Review semiannually. 3 List problems. 4 List service(s) and provider(s): <ol style="list-style-type: none"> A DOEA funded; and B Non-DOEA funded. 5 State frequency and duration of services. 6 State needed services and actual services available. 7 Indicate service(s): <ol style="list-style-type: none"> A Begin date; B End date; C Revised problem date; and D Resolved problem date. 8 Include client and case manager signatures. 9 Update at next semiannual visit for changes. 10 List frequency and duration of case management as a service. 	<p>Uniform Care Plan:</p> <ol style="list-style-type: none"> 1 Indicate review date and initial. 2 Review semiannually. 3 List problems. 4 List service(s) and provider(s): <ol style="list-style-type: none"> A DOEA funded; and B Non-DOEA funded. 5 State frequency and duration of services. 6 State needed services and actual services available. 7 Indicate service(s): <ol style="list-style-type: none"> A Begin date; B End date; C Revised problem date; and D Resolved problem date. 8 Include client, caregiver, and case manager signatures. 9 Update at next semiannual visit for changes. 10 List frequency and duration of case management as a service. 	<p>Follow the criteria for CCE or OAA, as specified in the contract agreement.</p>	<p>For case managed clients, follow the standards for CCE.</p>

Date of Issuance: July 2008

COMPONENT	PROGRAM				
	ADI	CCE	HCE	LSP and Contracted Services	OAA
CASE NARRATIVE	Case narratives should include: 1 Telephone contacts. 2 Home visits. 3 Case staffings. 4 Client progress on identified problems. 5 Services are consistent with the care plan. 6 Semi annual reviews.	Case narratives should include: 1 Telephone contacts. 2 Home visits. 3 Case staffings. 4 Client progress on identified problems. 5 Services are consistent with the care plan. 6 Semi annual reviews. 7 Units of service for provision of case management.	Case narratives should include: 1 Telephone contacts. 2 Home visits. 3 Case staffings. 4 Client progress on identified problems. 5 Services are consistent with the care plan. 6 Semi annual reviews. 7 Units of service for provision of case management.	Follow the criteria for CCE or OAA, as specified in the contract agreement.	For case managed clients, follow the standards for CCE.
FORMS	Forms utilized: 1 Intake and Assessment 2 Care Plan 3 Co-Pay Assessment Form 4 Release of Information	Forms utilized: 1 Intake and Assessment 2 Care Plan 3 Co-Pay Assessment Form 4 Release of Information	Forms utilized: 1 Intake and Assessment 2 Care Plan 3 HCE Financial Worksheet 4 Release of Information	Follow the criteria for CCE or OAA, as specified in the contract agreement.	Forms Utilized: 1 Intake and Assessment 2 Release of Information
GRIEVANCE	Grievance Procedures: 1 Apply to Provider Agency 2 Final Determination with AAA if needed	Grievance Procedures: 1 Apply to Provider Agency 2 Final Determination with AAA if needed	Grievance Procedures: 1 Apply to Provider Agency 2 Final Determination with AAA if needed	Follow the criteria for CCE or OAA, as specified in the contract agreement.	Grievance Procedures: 1 Apply to Provider Agency 2 Final Determination with AAA if needed
HANDBOOK	Department of Elder Affairs Programs and Services Handbook	Department of Elder Affairs Programs and Services Handbook	Department of Elder Affairs Programs and Services Handbook	Department of Elder Affairs Programs and Services Handbook	Department of Elder Affairs Programs and Services Handbook

Program Service Requirements:

Attachment 2: Case Management Program Comparison

COMPONENT	PROGRAM					
	ADI	CCE	HCE	LSP and CS	OAA (IIIB, IIIC, IIID, IIIE, IIIES, IIIEG, VII)	
SERVICES	1	1	1	Follow the service provisions as specified in the contract agreement.	1	
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COMPONENT	PROGRAM				
	ADI	CCE	HCE	LSP and CS	OAA
S E R V I C E S C O N T I N U E D		26 Pest Control (Initiation, Enhanced Initiation, Maintenance) 27 Pest Control (Rodent) 28 Physical Therapy 29 Respite (In-Home & Facility Based) 30 Shopping Assistance 31 Skilled Nursing Services 32 Specialized Medical Equipment Services, Supplies 33 Speech Therapy 34 Transportation		Follow the service provisions as specified in the contract agreement.	44 Shopping Assistance (IIIB) 45 Sitter (IIIEG) 46 Skilled Nursing Services (IIIB) 47 Specialized Medical Equipment, Services and Supplies (IIIB, IIIES) 48 Speech Therapy (IIIB) 49 Telephone Reassurance (IIIB) 50 Transportation (IIIB, IIIEG)